



STATE OF WASHINGTON
GAMBLING COMMISSION

P.O. Box 42400 • Olympia, Washington 98504-2400 • (360) 486-3440 • TDD (360) 486-3637 • FAX (360) 486-3631

HOUSE-BANKED CARD ROOM RECORDS

Dear Card Room Licensees:

WAC 230-08-090 requires the Commission to provide each licensed card room operator with a sample packet of daily records. These daily records must be completed daily. If there is no activity on a day, only the Master Games Report (GC2-263) needs to be completed indicating there was no activity. Attached are the records in the prescribed format, instructions, and a document flow chart to assist you in completing the required records.

New card room operators should contact their local county or city treasurer for details regarding taxation of authorized gambling activities within your particular area, as set forth in RCW 9.46.110. Most jurisdictions require some type of registration prior to commencement of your gambling activity(ies).

If you have a question or need assistance, please call the Gambling Commission office in your area:

- Lynnwood (425) 776-6751, Ext. 221
- Tacoma (253) 471-5312, Ext. 221
- Spokane (509) 456-3167, Ext. 228

Attachments

HOUSE BANKED CARD ROOM RECORDS

* * INSTRUCTIONS * *

A. FILL AND CREDIT REQUEST FORM (GC2-257)

This form is required to be prepared by the gaming operation supervisor to authorize either the preparation of a fill or credit slip for the distribution of gaming chips and coins to or from gaming tables. The request shall be prepared in duplicate form and restricted to gaming operation supervisors.

B. FILL / CREDIT SLIP (GC2-258)

This sequentially pre-numbered form shall be prepared in triplicate by the cashier whenever gaming chips or coins are distributed to the gaming tables from the cashier's cage or removed from the gaming tables to the cashier's cage. Either the fill or the credit box is marked to indicate what the form is being used for.

C. TABLE INVENTORY SLIP (GC2-259)

This three-part form shall be serially pre-numbered. The three parts are the original of the slip (Closer), the duplicate of the slip (Opener), and the triplicate, which is maintained and controlled by the accounting department. The form shall be prepared by the floor supervisor and verified by the dealer assigned to the gaming table.

D. SOFT COUNT DROP (GC2-260)

This form shall be used to record and reconcile the total amount from all drop boxes counted in the count room that is to be transported to the cashier's cage. The "Grand Total" of this form shall equal the "Total Drop" recorded on the Master Games Report (GC2-263).

For counting purposes, currency will be separated as follows:

<u>Denomination</u>	<u>Bills in a Clip</u>	<u>Clip Value</u>	<u>Clips in a Strap</u>	<u>Strap Value</u>
\$ 1.00	25	\$ 25.00	4	\$ 100.00
5.00	20	100.00	5	500.00
10.00	25	250.00	4	1,000.00
20.00	25	500.00	4	2,000.00
50.00	20	1,000.00	5	5,000.00
100.00	25	2,500.00	4	10,000.00

E. KEY CONTROL LOG (GC2-261)

This form shall be used to record the issuance of and return of all keys used to control restricted access areas by card room employees. A list of employees who are authorized access to these keys shall be recorded at the bottom of this form.

F. NOTIFICATION OF ERROR SLIP (GC2-262)

If the opening table inventory slip does not agree with the actual opening count, the Floor Supervisor will notify the Shift Manager. The Shift Manager will prepare this form explaining the error to the Soft Count Team. The original will be dropped into the appropriate drop box. The duplicate of this form will be immediately forwarded to Accounting.

G. MASTER GAMES REPORT (GC2-263)

This two-part form is used to record all activity at each gaming table. The information shall be recorded as follows:

– Opener – Fills + Credits + Closer = Total (This number could be a negative or a positive amount depending on the activity at each gaming table).

The Fill and Credit series numbers are recorded in the designated columns.

The Drop is then recorded from the amount listed on the Verification Sheet (GC2-283).

Win / Loss is calculated by adding the Total and the Drop.

Win / Loss Percentage is calculated by dividing the Win / Loss by the Drop.

Opener, Fills, Credits, and Closer may be completed by the cashier's cage. The Total, Drop, Win / Loss, and Win / Loss Percentage is calculated by the soft count team.

H. CARD INVENTORY CONTROL LOG (GC2-264)

This form is used to control and track all decks maintained in inventory from the point of purchase to the point the decks are being removed from play.

I. CAGE PAID IN / OUT (GC2-265)

This sequentially numbered form is used to record any additions or withdrawals of cash from the cashier's cage. A separate form will be used for each transaction that takes place.

J. SAFE INVENTORY (GC2-266)

See K below.

K. VAULT INVENTORY (GC2-267)

This form is used to record the inventory of currency and chips stored in either the safe or vault, whichever is used by the gaming operation.

A daily reconciliation shall be completed at the bottom of the form.

L. STRAP VARIANCE LOG (GC2-268)

This two-part form is used to record any variances (over or short) in currency found in the cage.

The original will go to the accounting department and the copy will stay in the cage until the daily cage records are forwarded to accounting.

M. RECONCILIATION DROP / DEPOSIT & DETAIL OF BANK DEPOSIT (GC2-269)

This two-part form is used to record the reconciliation of the drop and deposit and the detail of amounts for each deposit to be made. The details will include such items as: personal checks, cash equivalent checks, foreign checks, returned checks, credit card cash advances, and currency.

N. EMPLOYEE SIGNATURE CARD (GC2-270)

This form is used to record card room employee's name, department they are working in, a sample of their signature, initials, and date completed.

O. CAGE ACCESS LOG (GC2-271)

See U below.

P. SAFE ACCESS LOG (GC2-272)

See U below.

Q. VAULT ACCESS LOG (GC2-273)

See U below.

R. SOFT COUNT SIGN IN (GC2-274)

See U below.

S. SECURITY ROOM SIGN IN LOG (GC2-275)

See U below.

T. SURVEILLANCE ROOM SIGN IN LOG (GC2-276)

See U below.

U. VISITOR LOG (GC2-277)

These logs are used to record the date, name/title, time in, time out, and purpose of any individual entering these specific areas of the gaming operation.

V. SENSITIVE FORM – RECEIVING CONTROL SHEET (GC2-278)

This form is used to record specified information for all pre-numbered forms used by the gaming operation when they are received by the gaming operation from the vendor.

W. CASHIER WINDOW COUNT SHEET (GC2-279)

If only one cashier is used by the gaming operation and the cage bank and the cashier's bank are the same, this form will not need to be used. You will only need use form number (GC2-281).

If you operate more than one cashier window, you will be required to use this form along with (GC2-281).

This form is used at opening, shift change, and closing. The contents of each cashier's window is counted by the outgoing cashier and recorded on this form. The incoming cashier will then verify this recorded information with the bank at the cashier window. These banks are maintained on an imprest basis. All increases, decreases, overages, or shortages are reconciled at the bottom of this form.

X. DAILY RETURNED CHECK REPORT (GC2-280)

This form is used to record the collection of funds from players with any outstanding NSF checks.

The licensee fills in the date, check number, account number, check amount, date returned, signed name of drawer, date collected, amount collected, and date deposited on this form.

Y. CAGE INVENTORY COUNT (IMPREST BASIS) (GC2-281)

This form is used to record and reconcile the total cage inventory at the end of each day.

The form may need to be modified to fit your card room's individual needs. The following things will effect the information that may need to be included in the cage inventory:

- ◆ The types of transactions conducted in the card room.
- ◆ If the vault or safe is included as part of the cage.
- ◆ If multiple window banks are being used.
- ◆ If multiple shifts are being used.

The modifications needed, will most likely be in the areas of:

- ◆ Types of checks accepted.
- ◆ Miscellaneous items.
- ◆ Reductions to the cage section.
- ◆ Increases to the cage section.

The first four sections of the inventory count make up the cage Total Bank. They include the following:

- ◆ Currency
- ◆ Coin
- ◆ Chips
- ◆ Checks
- ◆ Miscellaneous Items

The fifth section includes reductions to the cage.

The sixth section includes increases to the cage.

The last sections are the calculation of any due back and the reconciliation of the bank.

There is also a place to record daily information and signatures of the required employees.

Z. CARD ROOM MONTHLY INCOME SUMMARY (GC2-282)

This form is used to summarize all the card room fees collected, house banking net win or loss, and any cash over or shorts for the month. The licensee records their name, the month, and the year at the top of the form. The total for each assessment method, house banking net win or loss, and any cash over or shorts are recorded from each day's daily summary and entered in the appropriate column. Each line should agree with that day's daily summary sheet. Each column is then totaled at the end of each month.

AA. VERIFICATION SHEET (GC2-283)

This form is used to record the contents of each drop box counted. The count is recorded by game and table number. Each denomination of currency is recorded along with the total amount of chips counted.

This form is then signed by the following individuals: counter #1, counter #2, and recorder.

The totals, from each drop box, are then entered on the Master Games Report (GC2-263) in column F.

BB. SURVEILLANCE LOG (GC2-284 & GC2-284a)

This is a two-part form that serves dual functions for the surveillance room personnel. This form should be confidential and should be reviewed only by surveillance personnel and their superiors.

On Part 1 of the form, personnel will record the date, if the system is functioning properly on this date, the person who is conducting the surveillance, and the reason for the surveillance. The beginning and ending times of the surveillance will be recorded, the dealer's name / license number who is being monitored, the reason, and the results of the monitoring.

Part 2 of the form will only be used if the system has any type of malfunction. If a malfunction occurs, the surveillance personnel will record the date, description of malfunction, estimated time / date of repair, dates out of and in service, and the date / time the commission was notified.

CC. CARD DESTRUCTION LOG (GC2-285)

This form shall be used to record the cancellation and destruction of decks of cards. The security officer and gaming employee verifying the destruction of the cards print their names in the space provided attesting to the accuracy of the information. The date the decks were removed from play, number of decks canceled, color of decks, date destroyed, and number of decks destroyed are recorded in the spaces provided.

DD. CHIP DESTRUCTION LOG (GC2-286)

This form shall be used to record the destruction of damaged chips. The security officer and employee verifying the destruction of the chips print their names in the space provided attesting to the accuracy of the information. The date they were removed from play, date destroyed, how destroyed, and number of chips destroyed is recorded in the space provide under the correct denominations.

EE. INCIDENT REPORT (GC2-287)

This two-part form shall be used by security / surveillance to document reportable incidents occurring on the licensed premises. All pertinent information shall be documented in the spaces provided. The original goes to the COO and the copy is retained by security.

FF. DEALER EVALUATION FORM (GC2-288)

This three-part form shall be used by surveillance to conduct evaluations of dealers. All the information shall be recorded by the person conducting the evaluation in the spaces provided. The original copy goes to the COO, the copy goes to the Shift Manager, and the second copy is retained by surveillance. ***THIS FORM IS OPTIONAL, BUT THE GAMING OPERATION SHOULD IMPLEMENT SOME TYPE OF FORM TO EVALUATE DEALERS.***

GG. CUSTOMER COMP FORM (GC2-289)

This form shall be used to record any comps provided to players by the licensee's employees. The customer's name, address, phone number, name of the employee authorizing the comp, date, item comped, and amount are recorded on the form in the spaces provided. ***THIS FORM IS OPTIONAL, BUT THE GAMING OPERATION MUST IMPLEMENT SOME TYPE OF RECORD TO TRACK COMPS TO CUSTOMERS.***

DOCUMENT ORIGINATION & FLOW

1. FILL & CREDIT REQUEST FORM

Floor supervisor ~ Original to Cage ~ Accounting
~ Duplicate to Drop Box ~ Count room ~ Accounting

2. FILL / CREDIT SLIP

Cashier ~ Original to Cage ~ Accounting
~ Duplicate to Drop Box ~ Count Room ~ Accounting
~ Triplicate Stays in Machine ~ Accounting

3. TABLE INVENTORY SLIP

Floor Supervisor ~ Original (Closer) ~ Full Drop Box ~ Count Room ~ Accounting
~ Duplicate (Opener) ~ Chip Tray ~ Empty Drop Box ~ Count Room ~
Cage ~ Accounting
~ Triplicate ~ Cage ~ Accounting

4. SOFT COUNT DROP

Count Room ~ Original to Accounting
~ Duplicate to Cage ~ Accounting

5. KEY CONTROL LOG

Security Room

6. NOTIFICATION OF ERROR SLIP

Floor Supervisor ~ Original to Drop Box ~ Count Room ~ Accounting
~ Duplicate ~ Accounting

7. MASTER GAME SUMMARY

Cashier completes sections A through D ~ Original to Count Room
Count Room completes sections E through H ~ Accounting
Duplicate from Cashier to Accounting

8. CARD INVENTORY CONTROL LOG

Security / Accounting

9. CAGE PAID IN / OUT

Cage ~ Accounting

10. SAFE INVENTORY

Cashier ~ Original to Accounting
~ Duplicate to Cage and kept on file

11. VAULT INVENTORY

Cashier ~ Original to Accounting
~ Duplicate to Cage and kept on file

12. STRAP VARIANCE LOG

Cashier ~ Original to Accounting
~ Duplicate to Cage ~ Accounting

13. DETAIL OF BANK DEPOSIT / RECONCILIATION OF DROP & DEPOSIT

Cashier ~ Original to Accounting
~ Duplicate to Cage ~ Accounting

14. EMPLOYEE SIGNATURE CARD

Original in Accounting
Copy to Cage

15. CAGE ACCESS LOG

Cage ~ Accounting

16. SAFE ACCESS LOG

Safe ~ Accounting

17. VAULT ACCESS LOG

Vault ~ Accounting

18. SOFT COUNT SIGN-IN

Count Room ~ Accounting

19. SECURITY ROOM SIGN-IN LOG

Security Room and kept on file

20. SURVEILLANCE ROOM SIGN-IN LOG

Surveillance Room and kept on file

21. VISITOR LOGS (All restricted access areas)

Restricted Areas ~ Accounting

22. SENSITIVE FORM RECEIVING CONTROL SHEET

Accounting

23. CASHIER WINDOW COUNT SHEET

Cage ~ Accounting

24. DAILY RETURNED CHECK REPORT

Original ~ Accounting

Photocopy ~ Cage

25. CAGE INVENTORY COUNT – IMPREST BASIS

Cage ~ Accounting

26. CARD ROOM MONTHLY INCOME SUMMARY

Accounting

27. VERIFICATION SHEET

Count room ~ Cage ~ Accounting

28. SURVEILLANCE LOG (2 PARTS)

Surveillance Room ~ Kept on file

29. CARD DESTRUCTION LOG

Security ~ Kept on file.

30. CHIP DESTRUCTION LOG

Security ~ Kept on file.

31. INCIDENT REPORT

Security ~ Original to COO

~ Duplicate Security

32. DEALER EVALUATION

Surveillance ~ Original to COO

~ Duplicate to Shift Manager

~ Triplicate to Surveillance

33. CUSTOMER COMP FORM

Gaming Pit / Supervisor ~ Accounting

Fill and Credit Request Form

Time: _____ \$ 500 _____

Date: _____ \$ 100 _____

Shift: _____ \$ 25 _____

Pit: _____ \$ 5 _____

Game: _____ \$ 1 _____

Table #: _____ Other: _____

Fill

Total: _____

CREDIT

Supervisor

Security

Dealer (Credits Only)

Original – **Cage**
GC2-257 (Rev. 5/00)

Duplicate – **Drop Box**

(Serial #)

FILL / CREDIT SLIP

Fill

Credit

Date:		Time:	
Table #:			
Shift:	Graveyard	Day	Swing
Game	Quantity	Denomination	Amount
			\$
TOTAL			\$

Memo:	
Security:	Floorperson:
Cashier:	Dealer:

Original – **Cage**

Duplicate – *Drop Box*

Triplicate – *Accounting*

(SERIAL #)

TABLE INVENTORY SLIP

Date: _____

Shift: Graveyard Day Swing

Time: _____ Table #: _____ Game Name: _____

Chip Values	Quantity	Totals
\$500		
\$100		
\$25		
\$20		
\$5		
\$1		
Halves		
Coin		
Total		

Signature: _____ Signature: _____
Closing Dealer Opening Dealer

Signature: _____ Signature: _____
Closing Supervisor Opening Supervisor

Original – **Closer**

Duplicate – **Opener**

Triplicate – **Accounting**

SOFT COUNT DROP

Drop Date: _____

HUNDREDS		
Straps		
Clips		
Loose		
Total \$100.00		

FIVES		
Straps		
Clips		
Loose		
Total \$5.00		

FIFTIES		
Straps		
Clips		
Loose		
Total \$50.00		

ONES		
Straps		
Clips		
Loose		
Total \$1.00		

TWENTIES		
Straps		
Clips		
Loose		
Total \$20.00		

TOTALS		
Straps		
Clips		
Loose		
Two (\$2.00)		
Mutilated		
Counterfeit		
Grand Total		

TENS		
Straps		
Clips		
Loose		
Total \$10.00		

TOTAL DROP \$ _____ **(From GC2-263)**

Accounting / Cashier: _____

Signature

Soft Count: _____

Signature

Original – **Accounting**

Duplicate – **Cage**

KEY CONTROL LOG

Key Box: _____

Key Box Location: _____

Date	Time Out	Key #	Reason Removed	Signature(s) – Out	Employee #(s)	Time In	Signature(s) – In	Employee #(s)

Authorized Personnel _____

NOTIFICATION OF ERROR SLIP

Pit / Game / Table	Shift: Day Swing Graveyard	Date:	Time: am pm
Remarks / Explanation / How Resolved:			

Shift / Pit Manager	Floor Supervisor
Dealer	Security
Original – Drop Box	Duplicate – Accounting

MASTER GAMES REPORT

Date: _____

Shift: _____

Game	A Opener ----- Minus	Fill Series Numbers	B Fills ----- Minus	Credit Series Numbers	C Credits ----- Plus	D Closer ----- Plus	E Total ----- -A-B+C+D	F Drop	G Win / Loss ----- E+F	H W / L % ----- G / F
1.										
2.										
3.										
4.										
5.										
6.										
7.										
8.										
9.										
10.										
11.										
12.										
13.										
14.										
15.										
LESS ADJUSTMENT FOR PROGRESSIVE JACKPOTS:										
TOTALS										

Recorder: _____

Counter 2 : _____

Accting Dept: _____

Counter 1: _____

Cage/Vault.: _____

CARD INVENTORY CONTROL LOG

Date Rec'd	# Decks Rec'd	In +	Out -	Floating Balance	Signatures	
					1.	2.
					3.	4.
					1.	2.
					3.	4.
					1.	2.
					3.	4.
					1.	2.
					3.	4.
					1.	2.
					3.	4.
					1.	2.
					3.	4.
					1.	2.
					3.	4.
					1.	2.
					3.	4.
					1.	2.
					3.	4.
					1.	2.
					3.	4.
					1.	2.
					3.	4.
					1.	2.
					3.	4.
					1.	2.
					3.	4.

CAGE PAID IN / PAID OUT

(Serial #)

Date: _____

Amount Paid In / Out: _____

Reason: _____

Authorized By: _____

Paid By: _____

Received By: _____

GC2-265 (Rev. 5/00)

SAFE INVENTORY

Currency		
Strapped		Loose & Clipped
Hundreds		
Fifties		
Twenties		
Tens		
Fives		
Ones		
Coin Rolled		Loose
Dollars		
Halves		
Quarters		
Dimes		
Nickels		
Pennies		
Change Tray		

Chips		
Racked		Loose
\$ 500.00		
\$ 100.00		
\$ 25.00		
\$ 5.00		
\$ 1.00		
Mutilated		
Miscellaneous		

Actual Count: _____ +

Previous Count: _____ -

Debits: _____ +

Credits: _____ -

Over / Short: _____ =

Explanation: _____

Day: _____

Date: _____

Shift: _____

Cashier: _____

Witness: _____

Witness: _____

Original – Accounting

Duplicate – Cage

VAULT INVENTORY

Currency		
Strapped		Loose & Clipped
Hundreds		
Fifties		
Twenties		
Tens		
Fives		
Ones		
Coin Rolled		Loose
Dollars		
Halves		
Quarters		
Dimes		
Nickels		
Pennies		
Change Tray		

Chips		
Racked		Loose
\$ 500.00		
\$ 100.00		
\$ 25.00		
\$ 5.00		
\$ 1.00		
Mutilated		
Miscellaneous		

Actual Count: _____ +

Day: _____

Previous Count: _____ -

Date: _____

Debits: _____ +

Shift: _____

Credits: _____ -

Cashier: _____

Over / Short: _____ =

Witness: _____

Explanation: _____

Witness: _____

Original – Accounting

Duplicate – Cage

STRAP VARIANCE LOG

Month _____ Year _____

[illegible]

Original – **Accounting**

Duplicate – **Cage**

RECONCILIATION DROP / DEPOSIT

Date: _____

Card Room / Cage Revenue

BJ	+ _____
Let It Ride	+ _____
Caribbean Stud	+ _____
Pai Gow	+ _____
Progressive BJ	+ _____
Win / Loss (GC2-263) Total	= _____
	+ _____
NSF Checks & Fees	+ _____
Misc.	+ _____
Misc.	- _____
Over / Short	+/- _____
TOTAL	= _____

Soft Count Inventory

Drop	+ _____
Due Back to Cage	- _____
Miscellaneous	+/- _____
Cash from Drop	= _____
Checks from Cage	+ _____
Coin from Cage	+ _____

BANK DEPOSIT = _____

DETAIL OF BANK DEPOSIT

Date: _____

1. Personal Checks	\$ _____	
2. Cash Equivalent Checks	\$ _____	Currency Deposit:
3. Foreign Checks	\$ _____	100 _____
4. Returned Checks / Redeposits	\$ _____	50 _____
5. Credit Card Cash Advances	\$ _____	20 _____
6. _____	\$ _____	10 _____
7. _____	\$ _____	5 _____
8. _____	\$ _____	2 _____
Coin (Cage)	\$ _____	1 _____
Currency (Cage)	\$ _____	
Total Cage Deposit	\$ _____	= Currency Total = _____
		\$ _____

Prepared By:

Verified By:

Print Name

Print Name

Sign Name

Sign Name

Original – **Accounting**

Duplicate – **Cage**

EMPLOYEE SIGNATURE CARD		
Name (Print): _____		
_____	_____	_____
Last	First	Middle
Department: _____ Employee # / CRE License #: _____		
Signature: _____		
Initials: _____	Date Started: _____	Date Terminated: _____
GC2-270 (Rev. 5/00)	Original – Accounting	Duplicate - Cage

GC2-270 (Rev. 5/00) Original – Accounting Duplicate - Cage

CAGE ACCESS LOG

[illegible]

SAFE ACCESS LOG

[illegible]

VAULT ACCESS LOG

[illegible]

SOFT COUNT SIGN-IN

[illegible]

SECURITY ROOM SIGN-IN LOG

[illegible]

SURVEILLANCE ROOM SIGN-IN LOG

[illegible]

VISITOR LOG

[illegible]

**SENSITIVE FORM
RECEIVING CONTROL SHEET**

Date Received: _____

Vendor Name _____ Invoice # _____ Consecutive Numbers: _____

Form Type: _____ From: _____

For Department: _____ To: _____

Received By: _____

Verified By: _____

Notes: _____

CASHIER WINDOW COUNT SHEET

Currency Bundles		Loose
Hundreds		
Fifties		
Twenties		
Tens		
Fives		
Ones		

Checks	
Personal	
Traveler	
Payroll	
Other	

Coin Rolled		Loose
Dollars		
Halves		
Quarters		
Dimes		
Nickels		
Pennies		

Miscellaneous	
Foreign Currency	
Foreign Coin	
Pit Fills	
Pit Credits	< >
Petty Cash (Paid In)	< >
Petty Cash (Paid Out)	
Mutilated Currency	
Mutilated Coin	
Mutilated Chips	

Chips Racked		Loose
\$ 500.00		
\$ 100.00		
\$ 25.00		
\$ 5.00		
\$ 1.00		

Increases		
Total		

Decreases	
Total	

Opening Bankroll _____

Increases _____ +

Decreases _____ -

Ending Bankroll _____ =

Actual Count _____ -

Over / Short _____ =

Day _____

Date _____

Shift _____

Window _____

Out Cashier _____

In Cashier _____

DAILY RETURNED CHECK REPORT

Month: _____

Balance Forward: _____

Check Date	Check Number	Account Number	Check Amount	Date Returned	Name of Drawer	Date Collected	Amount Collected	Date * Deposited

* Any funds received from payment of NSF checks should be listed separately when deposited and deposited within two banking days.

CLOSING BALANCE \$ _____

MONTHLY TOTAL \$ _____

CAGE INVENTORY COUNT-IMPREST BASIS

For Use by Accounting Only

Ending Bank Previous Day \$ _____

Due Back Paid In \$ _____

Total Opening Cage Bank \$ _____

Opener: _____

Shift Change: _____

Closure: _____

Currency:	Bundled	Loose	Total	Reductions to the Cage
\$ 100.00	\$ _____	\$ _____	\$ _____	Day Fills \$ _____
\$ 50.00	\$ _____	\$ _____	\$ _____	Swing Fills \$ _____
\$ 20.00	\$ _____	\$ _____	\$ _____	Returned Checks \$ _____
\$ 10.00	\$ _____	\$ _____	\$ _____	Misc. Paid Outs \$ _____
\$ 5.00	\$ _____	\$ _____	\$ _____	Other \$ _____
\$ 1.00	\$ _____	\$ _____	\$ _____	Total Reductions (5) \$ _____
Subtotal			\$ _____	

Coins:	Rolled	Loose	Total	Increases to the Cage
\$ 1.00	\$ _____	\$ _____	\$ _____	Transfer from _____ \$ _____
\$ 0.50	\$ _____	\$ _____	\$ _____	Day Credits \$ _____
\$ 0.25	\$ _____	\$ _____	\$ _____	Swing Credits \$ _____
\$ 0.10	\$ _____	\$ _____	\$ _____	Non-Card Income \$ _____
\$ 0.05	\$ _____	\$ _____	\$ _____	Misc. Paid Ins \$ _____
\$ 0.01	\$ _____	\$ _____	\$ _____	Other \$ _____
Subtotal			\$ _____	Total Increases (6) \$ _____

TOTAL CASH (1) \$ _____

Chips	Racked	Loose	Total
\$ 500.00	\$ _____	\$ _____	\$ _____
\$ 100.00	\$ _____	\$ _____	\$ _____
\$ 25.00	\$ _____	\$ _____	\$ _____
\$ 5.00	\$ _____	\$ _____	\$ _____
\$ 1.00	\$ _____	\$ _____	\$ _____
Mutilated		\$ _____	\$ _____

TOTAL CHIPS (2) \$ _____

CHECKS: Personal	Qty _____	\$ _____
Traveler	Qty _____	\$ _____
COM	Qty _____	\$ _____
Other	Qty _____	\$ _____

TOTAL CHECKS (3) \$ _____

MISCELLANEOUS

Foreign Currency \$ _____

Window Banks \$ _____

Vault \$ _____

Safe \$ _____

Other \$ _____

TOTAL MISCELLANEOUS (4) \$ _____

TOTAL BANK (1+2+3+4) \$ _____

Due Back Calculations:

Imprest Amount \$ _____

(minus)

Ending Bank (1+2+3+4) \$ _____

(equals)

Due Back to Cage \$ _____

Reconciliation of Bank

Total Bank (1+2+3+4) \$ _____

Plus Reductions (5) + \$ _____

Minus Increases (6) - \$ _____

Equals Cage Inventory = \$ _____

Imprest Amount + or - \$ _____

Difference (Over/Short) = \$ _____

Day _____

Date _____

Shift _____

Out Cashier _____

In Cashier _____

Verifier _____

WASHINGTON STATE GAMBLING COMMISSION

CARD ROOM MONTHLY INCOME SUMMARY

Name of Licensee:					Month / Year:	
Date	Cumulative Card Playing Fees Assessed					Cash Over / Short
	By Time	By Rake	By Hand	Prize Fund Admin. Fee	House Banking Net Win / (Loss)	
1	\$	\$	\$	\$	\$	\$
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
Total	\$	\$	\$	\$	\$	\$

NOTE: Each line should agree with that day's Master Games Report (GC2-263).

VERIFICATION SHEET

Date/Shift _____

Game	100.00	50.00	20.00	10.00	5.00	1.00	Chips	Misc.	Total
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
Totals									

Counter #1 _____

Counter #2 _____

Recorder _____

(Part 1)

* If surveillance system is malfunctioning, please complete Surveillance Log (Part 2) (GC4-284a).

(Part 2)

[illegible]

WASHINGTON STATE GAMBLING COMMISSION

CARD DESTRUCTION LOG

[illegible]

WASHINGTON STATE GAMBLING COMMISSION
CHIP DESTRUCTION LOG

Chip Denominations	Number of Chips	Date Removed	Date Destroyed	How Destroyed	Security / Verifier
\$ 0.50					
\$ 1.00					
\$ 5.00					
\$ 10.00					
\$ 25.00					
\$ 50.00					
\$ 100.00					

WASHINGTON STATE GAMBLING COMMISSION

INCIDENT REPORT

Name: _____

ID / SS#: _____ Date / Time: _____ / _____

Address: _____ Tape #: _____

_____ Start: _____ Stop: _____

Description: _____

Pit Supervisor: _____ Shift: _____

Pit #: _____ Table #: _____ # of Decks: _____ Table Limit: _____

Comments: _____

Security Officer

Distribution:

Original – **COO**

Duplicate – **Security**

WASHINGTON STATE GAMBLING COMMISSION
DEALER EVALUATION FORM

Name: _____

ID: _____ Date / Time: _____ / _____

Pit Supervisor: _____ Tape #: _____

Shift: _____ Start: _____ Stop: _____

Pit #: _____ Table #: _____ # of Decks: _____ Table Limit: _____

DEALING PROCEDURES

		<u>Yes</u>	<u>No</u>
# of Hands: _____	1 – Proper Shuffle	_____	_____
# of Players: _____	2 – Proper Cut Used	_____	_____
Bet Range: _____	3 – Proper Deck Protection	_____	_____
Ave. Shuffle Time: _____	4 – Proper Peek	_____	_____
# of Mistakes: _____	5 – Green Between Cards	_____	_____
	6 – Spread Players Card	_____	_____
	7 – Proper Take and Pay Procedures	_____	_____
	8 – Clearing Hands, Leaving Game	_____	_____

Comments: _____

Surveillance Officer

Distribution:

Original – **COO**

Duplicate – **Shift Manager**

Triplicate – **Surveillance**

CUSTOMER COMP FORM

[illegible]